

STATE OF MISSOURI }  
CITY OF ST. LOUIS } SS

**MISSOURI CIRCUIT COURT, 22ND JUDICIAL CIRCUIT  
PROBATE DIVISION. ST. LOUIS CITY**

IN THE MATTER OF )  
 )  
 )  
 )  
alleged to be incapacitated and/or )  
disabled )

**STIPULATION FOR INTRODUCTION OF  
DEPOSITION**

It is hereby stipulated by and between the parties hereto:

That \_\_\_\_\_ is a duly licensed physician;  
that he will be actively engaged in the discharge of his professional duties at the time this matter comes on for  
hearing before this court on \_\_\_\_\_, 19 \_\_\_\_\_ ;  
that his deposition in the form of written questions and answers thereto taken before an officer authorized by the  
laws of this State to administer oaths is attached hereto; that said deposition may be read at the hearing and  
considered by the court the same as if the said \_\_\_\_\_  
\_\_\_\_\_ were present personally in court.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Attorney for Respondent

(Exhibit A)

**MISSOURI CIRCUIT COURT, 22ND JUDICIAL CIRCUIT  
PROBATE DIVISION, ST. LOUIS CITY**

DEPOSITION OF. \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, before me, a Notary Public within and for the State of Missouri, personally appeared \_\_\_\_\_, M.D., who, after being first duly sworn, testified as follows:

**INTERROGATORIES**

Q. State your name, age and residence.

A.

Q. What is your occupation, business or profession?

A.

Q. If in your practice you specialize in some particular field, please specify same.

A.

Q. Are you self-employed? \_\_\_\_\_. If not, where are you employed and in what capacity?

A.

Q. Are your duties as a physician such as will prevent your attendance in court as a witness in this cause?

A.

Q. Are you acquainted with \_\_\_\_\_

A.

Q. Have you had occasion to examine, observe and treat \_\_\_\_\_

A.

Q. What was the date of such examination, or between what dates has \_\_\_\_\_  
\_\_\_\_\_ been under your observation?

A.

Q. Give the physical condition, the neurological and mental diagnoses, and the symptoms upon which these diagnoses are based.  
(Explain fully.)

IF APPLICATION IS FOR APPOINTMENT OF A GUARDIAN OF THE PERSON:

Q. Do you consider \_\_\_\_\_ to be unable to receive and evaluate information or to communicate decisions to such an extent as to lack capacity to meet essential requirements for food, clothing, shelter, safety or other care to such an extent that serious physical injury, illness or disease may occur?

A.

IF APPLICATION IS FOR APPOINTMENT OF A CONSERVATOR OF THE ESTATE:

Q. Do you consider \_\_\_\_\_ to be unable to receive and evaluate information or to communicate decisions to such an extent that \_\_\_\_\_ lacks ability to manage \_\_\_\_\_ financial affairs?

A.

Q. Do you consider it for \_\_\_\_\_ best interest to bring about the appointment of a guardian to protect \_\_\_\_\_ person and/or a conservator to have care and custody of \_\_\_\_\_ estate?

A.

\_\_\_\_\_  
DEPONENT

\_\_\_\_\_  
WITNESS

KNOW ALL MEN BY THESE PRESENTS, That I, the undersigned Notary Public, hereby certify that the above-named deponent was first duly sworn by me to make true answers to the foregoing interrogatories, that said interrogatories were read by me to deponent, that the answers thereto are correctly recorded as hereinabove set forth, that this deposition was subscribed to by the witness in my presence.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_